

# NYCD ES DUES DATA CARD

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Command \_\_\_\_\_ Rank \_\_\_\_\_

Shield \_\_\_\_\_ E-mail \_\_\_\_\_

Original Membership Date \_\_\_\_\_

Active \_\_\_\_\_ Date \_\_\_\_\_ Retired \_\_\_\_\_ Date \_\_\_\_\_

Honorary \_\_\_\_\_ Annual Dues \$25.00

**Delegate:** \_\_\_\_\_

**FILL OUT COMPLETELY**